

**L12000122443**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3007 25th Street West, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adrienne L. Lorfald

Name of Person

3007 25th Street West, LLC

Firm/Company

7820 17th Ave. W.

Address

Bradenton, FL 34209

City/State and Zip Code

adilerfald@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David W. Wilcox, Esq.

at (

941

746-2136

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: 3007 25th Street West, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000122443

THIRD: The street address of the limited liability company's principal office is:

7820 17th Ave. W.

Bradenton, FL 34209

The mailing address of the limited liability company's principal office is:

7820 17th Ave. W.

Bradenton, FL 34209

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Adrienne L. Lerfald

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Adrienne L. Lerfald

b. No authority granted to: \_\_\_\_\_

Adrienne L. Lerfald  
Signature of authorized representative

Adrienne L. Lerfald

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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16 DEC -9 AM 11:40  
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FLORIDA